CAMPAIGN I	FORM JC/OH COVER SHEET PG 1		
The JC/OH INSTRUCTION G	iunce explains how to complete this form.	4806	2 Total pages filed:
	With the property of the second section of the section of the second section of the section	(Ethics Commission filers)	6
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST	MI	OFFICE USE ONLY
NAME	Judge Elena Diaz		Date Received I
	NICKNAME LAST	SUFFIX	ORI ORI
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE *: 2928 Wickersham Ln. Austin, TX 78741-7352	CITY; STATE; ZIP CODI	
Change of Address			1 200 M
5 CAMPAIGN TREASURER NAME	TITLE FIRST	МІ	Receipt #
IVAINE	Elena Diaz NICKNAME LAST	SUFFIX	Date Processed
			Date Imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	2928 Wickersham Ln.	SUITE #; CITY; STATE;	ZIP CODE
7 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER PHONE	(512) 389–1189		
REPORT TYPE	A January 15 30th day before elec	ction Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Stft day before election	ion Exceeded \$500 timit	Final report (Attach JC/OH - FR)
PERIOD COVERED	Month Day Year THR	ROUGH 12 /31	Oay Year /00
0 ELECTION	ELECTION DATE ELECTION T	TYPE	
	Month Day Year Prima	ary Runoff	General Special
1 OFFICE	OFFICE HELD (frank) Justice of the Peace Pot / Travic County TV	12 OFFICE SOUGHT (If km	own)
B DIRECT	Pct. 4, Travis County, TX		<u> </u>
CAMPAIGN	 Direct campaign expenditures are campaign Candidates are required to disclose this information. 	n expenditures made by others witho ation only if they receive notification	 (i) the dandidate's prior consent or approval. of the direct campaign expenditure.
	Name		
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages			
	GOTO	PAGE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

FORM JC/OH COVER SHEET PG 2

### SUPPORTING POLITICAL COMMITTEE (S) ### This listing includes policial expenditures by political committees to support the candidate / officencider. **These expension may have been made without the candidate's or officencider's knowledge or consent. **Candidates and officenciders are required in the property of t				
POLITICAL COMMITTEE(S) Committee to suppose the information only it they receive notice of specializes and contended to successful and the information only it they receive notice of successful and the information only it they receive notice of such expenditures.		Elena Diaz		15 ACCOUNT # (Ethics Commission filers)
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Signature of Candidate or Officeholder	MININA R. C.	WANTED STATES	is true and correct and includes all in me under Title 15, Election Code.	information required to be reported by
AFFIX NOTARY STAMP / SEAL ABOVE	10,	17.	Signati ∲re of€a ndi	idate or Officeholder
	0.001			16th day of January
) C	lana L	oh, witness my handa		Notary Public

Print name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

1-800-325-8506 POLITICAL SCHEDULE F **EXPENDITURES** The Instruction Guide explains how to complete this form. 1 Total pages Schedule F. 2 FILER NAME Elena Diaz 3 ACCOUNT # (Ethics Commission filers) Date 5 Payee name Amount 07/09/00 \$125.00 Cristo Rey Catholic Church 6 Payee address; City, State, Zip Code 2110 E. 2nd Street Austin, TX 78702 8 Purpose of expenditure · · Complete if direct expenditure to benefit C/OH · · Ad for Jamaica Program Candidate / Officeholder name Office sought / held Date Payee name Amount \$60.00(\$) 08/11/00 South Austin Democrats Payee address. City. State, Zip Code P.O. Box 152592 Austin, TX 78715-2592 Purpose of expenditure · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought / held Membership dues (\$10.00) and Yeller Dawg Fundraiser Sponsorship (\$50.00) Date Payee name Amount 09/10/00 Travis County Democratic Party \$50.00^(\$) Payee address. City, State, Zip Code P.O. Box 684263 Austin, TX 78768-4263 Purpose of expenditure ·· Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought / heid 2000 Coordinated Campaign Date Payee name Amount 09/10/00 South Austin Tejano Democrats (\$) \$15.00 Payee address; City; State; Zip Code P.O. Box 12683 Austin, TX 78711 Purpose of expenditure .. Complete if direct expenditure to benefit C/OH ... Annual Membership dues Cendidate / Officeholder name Office sought / neld

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Date	5 Payee name			
09/29/00	United East Austin Co		7 Amount \$50.00 (\$)	
	6 Payee address. City. State. Zip Code	•••••••		
	1511 Haskell Street Austin, TX 78702	'		
Purpose of exp	penditure	Q u Complete if duran		
Sponsorshi Celebratio	p of 15th Annual Dia de la Raza n	9 ·· Complete if direct expend Candidate / Officeholder nar	Iffure to benefit C/OH · · Office sought / I	hela
Date	Payee name	<u></u>		
10/06.00	YWCA of Greater Austin Payee address City, State, Zip Code 1524 S. IH 35	······	\$100.00	-
	Austin, TX 78704		.	
ponsorship undraiser	o of "The Lives We've Touched" (\$85.00) and membership dues(15.	Complete if direct expendit Candidate / Officeholder nam	ture to benefit C/OH · · Office sought / he	e'd
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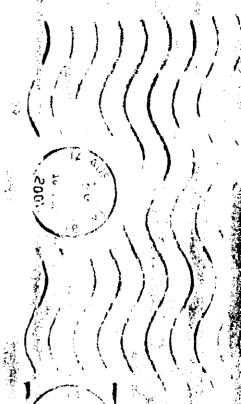
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2 FILER NA	ME Elena Diaz	3 ACCOUNT # (Et	hics Con	nmission filers)
4 Date II/14/00	5 Payee name River City Youth Foundation 6 Payee address: City: State. Zip Code 5209 S. Pleasant Valley Austin, TX 78744		\$2	Amount (\$)
	7 Purpose of expenditure Youth Trip Sponsorship			Reimbursement from political contributions intended
Date	Payee name Payee address, City, State, Zip Code			Amount (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
Date	Payee name Payee address. City, State, Zip Code			Amount (\$)
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	Purpose of expenditure			Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FOR	M AS NEEDED		

SCHEDULE L **OUTSTANDING LOANS** 1 Total pages Schedule L. The INSTRUCTION GUIDE explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Elena Diaz 4 Name of lender LENDER INFORMATION Elena Diaz Zip Code State; 5 Lender address; 2928 Wickersham Ln., Austin, TX 78741 6 Name of guarantor **GUARANTOR** INFORMATION Zip Code State. 7 Guarantor address. not applicable Name of lender LENDER INFORMATION Zip Code State Lender address: Name of guarantor GUARANTOR INFORMATION Zip Code City: Guarantor address; not applicable Name of lender LENDER INFORMATION Zip Code City. Lende: address. Name of guarantor **GUARANTOR** INFORMATION Zip Code State: Guarantor address: City: not applicable Name of lender LENDER INFORMATION Zip Code City; Lender address; Name of guarantor **GUARANTOR** INFORMATION Zip Code State: Guarantor address. not applicable ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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County Clerk, Travis County P.O. Box 1748 Austin, Texas 78767

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